Maintaining Appropriately Trained Staff

A National Council of Nursing Position Paper

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Issue:

It is the responsibility of Indian Health Service/Tribal/Urban programs (I/T/Us) to assure and improve the quality of care provided to our beneficiaries through the availability of appropriately and adequately trained staff.

Background:

The responsibility of administration to maintain appropriately and adequately trained staff is well recognized, and mandated by accrediting organizations such as the Joint Commission on Accreditation of Health Care Organizations (JCAHO) and the Accreditation Association for Ambulatory Health Care (AAAHC). Opportunities for training, education, and development have consistently been cited as positively impacting recruitment and retention of health care professionals and other health care workers. However, many issues impact negatively on the ability of I/T/Us to provide education and training to employees, including decreased funding; remote locations; small numbers of staff; lack of available technology, such as satellite television; and lack of motivation of individuals or groups of employees. In addition, historically, there has been disparity in the distribution of funding for training.

The Indian Health National Council of Nursing (NCON) recognizes that the responsibility for maintaining appropriately and adequately trained staff must be shared by I/T/Us at all levels of administration and practice. A collaborative, cohesive effort will be required to continue to provide training and educational opportunities to our employees in the future.

Discussion:

There are several dimensions to assuring the availability of appropriately and adequately trained staff: pre-employment, entry level education; orientation; on-the-job training; continuing education; and long term training.

Preemployment, Entry Level Education. Pre-employment and entry level education qualifications are best dealt with through the development of comprehensive position descriptions; qualifications; knowledge, skills and abilities requirements; and, when appropriate, selective placement factors. Personnel Office benchmarks for many positions are severely outdated and do not reflect current practice. This often leads to General Schedule (GS) ratings (and thus salary) lower than needed to recruit qualified candidates.

Orientation. Lack of adequate orientation is often cited as a source of dissatisfaction among Indian health care employees. Too often the pressures of short staffing lead to a "sink or swim," "learn as you go" orientation. This is especially disconcerting to new graduates (who often come from widely varying basic education experiences) and new

Indian Health Service or tribal employees, unfamiliar with the intricacies of Federal and tribal policies. In addition to increasing the stress level of new employees, the quality and safety of patient care may be impacted (e.g., fire procedures are unknown; the process of obtaining contract health care is a maze; documenting on a Patient Care Component (PCC) form and maintenance of the Health Summary are mysteries). The special cultural aspects of providing care and services to American Indians and Alaska Natives (AI/AN) are also often overlooked. This especially affects employees unaccustomed to dealing with cultures other than their own.

There may also be disparity between Areas, service units/facilities, departments, or even individuals in the quality and quantity of orientation received. The nursing department may have an excellent orientation program, but when the nurse educator or supervisor is on leave, no orientation occurs and it is not picked up on his or her return. Physicians may get full orientation at one facility; brief orientation at another; and none at another. One Area Office may bring all new employees in for an orientation program, another may leave orientation up to individual service units/facilities. Preceptor and mentoring programs, where a new employee is paired with a more experienced employee, have proven successful in many settings.

JCAHO requires that health care organizations verify the competency of employees to perform their duties. In the private sector, competency assessment may be part of the pre-employment screening process. The Federal government, however, must defer competency assessment until after the individual is hired. A new employee who met basic educational and training requirements may prove unable to perform basic competencies required by their position. Competency assessment, and subsequent training/education to bring an employee up to an acceptable level of competency, are time-consuming and may be costly, especially for departments already short-staffed and underfunded.

On-the-Job Training/Inservice Education. As with orientation, the quality and quantity of on-the-job training and inservices may vary widely. A hospital nursing department may have a full time nurse educator. The sole lab tech at a facility may report to a lab full of equipment and no one around to show how to use it. Inservices may be provided on the day shift, missing employees who work full time evening or night shifts, or requiring them to stay over (and awake) or come in on their days off. Although many equipment companies routinely provide inservice on new equipment for staff, often they do not make the effort to reach remote locations.

Continuing Education. Continuing education may be provided "in-house" or out. Many of the same issues apply as for on-the-job training and inservices. In addition, because of the remoteness of many I/T/U facilities, the cost of bringing in qualified trainers and/or sending staff away to training also becomes a factor. In addition to travel costs, coverage and impact on patient care activities must also be considered. It is very difficult for an individual in a one person department, at any facility, to take time off. Although opportunities for continuing education via the Internet and satellite are increasing, many sites do not have access to the technology required to take advantage of these alternatives.

Traditionally, continuing education funding has been guaranteed to some health care providers on an individual basis; other health care categories may receive funding as a group; but many health care employees receive no special funding for education and training. Individuals often fail to utilize funding when it is available. Usually it is ancillary and support staff who miss out on training opportunities due to lack of funding, even when training could positively impact on the facility, e.g., coders who could improve third party billing and collections with increased training. When overall funding for a facility or Area is decreased, it is frequently education programs which suffer.

Professional employees often hold licenses (usually a condition of employment) from states that require the completion of continuing education to maintain licensure. Employees may also achieve specialty certification which requires ongoing continuing education. Although there is no obligation for the employer to provide continuing education in these circumstances, it is to the benefit of all I/T/U facilities to encourage retention of these employees by providing opportunities to obtain the required continuing education credit, by providing, at a minimum, administrative support, if financial support is not available. The Indian Health Clinical Support Center (CSC), by serving as the accredited sponsor of activities and awarding continuing education credits or continuing education units (CEUs) for health professional categories, is an excellent resource for helping professionals meet continuing education licensure requirements at the local level.

Long Term Training. Occasionally, an employee seeks long term training to improve skills or job marketability. This training usually consists of baccalaureate or masters level education, but may include lower level education or certification, e.g., a nursing assistant who wishes to become a licensed practical nurse. Many times the desired education would be beneficial to the facility, e.g., a nurse wants to obtain a nurse practitioner license and the facility needs cost effective primary care providers. When the education would benefit the Indian Health Service it is logical to provide some support to the employee. There are some programs available, such as the 437 scholarships and the nursing Section 118 (formerly NECI) program. These programs are highly competitive and have been severely impacted by recent budget cuts and tribes compacting or contracting and taking their shares of these budgets. Employees at isolated rural facilities are at a disadvantage in regards to access to colleges and universities when compared to employees in more urban areas. The growth of distance learning opportunities, e.g., via satellite, videoconferencing or the Internet, is improving access, but these technologies are not always available to I/T/U employees.

Recommendations:

Pre-employment, Entry Level Education

- Professional categories should work with the Indian Health Service and/or the Office of Personnel Management on a national level to upgrade basic personnel qualification benchmarks, many of which are over 20 years old, to assure appropriate rating of positions.
- Professional categories should develop standardized selective placement factors for

critical positions, when appropriate.

- The Indian Health Service should encourage tribal and urban programs to implement basic minimum education and training requirements for positions to assure acquisition of adequately trained employees.

Orientation

- The Indian Health Service should develop a standard orientation program for export to all Areas and facilities. The program could be a self learning module, using video, computer, overhead and/or slide formats, and should cover the basics of the Indian Health Service at a national level, e.g., headquarters organization, history, the legislative process, and other pertinent information.
- Similar orientations should be developed at the Area and tribal levels.
- Individual facilities should develop a standardized orientation program that is offered on a regular basis or which can be self administered.
- Each professional category should develop standardized, basic entry competencies, i.e., minimum knowledge, skills, or abilities needed to perform the duties of the job, for positions within their respective categories. All new employees should have their ability to meet these basic competencies objectively measured and documented at entrance on duty.
- Areas should consider development of regional "competency centers," perhaps in concert with local community colleges or universities. Centers would provide entrance competency testing for a variety of employee categories, and remedial training if needed.

On-the-Job Training/Inservices

- Formal training plans and contracts should be developed and implemented to assist new employees who fail to meet basic entry level competencies to attain the required knowledge, skills, and/or abilities.
- All contracts for new equipment should include a requirement for staff training by the vendor.
- Professional categories should develop and maintain lists of basic resources, including individuals, as well as policy and procedure or technical manuals. When ever possible, manuals should be available "on-line," or, at a minimum, on computer disk, to facilitate revision, access, and standardization.
- The Indian Health Services should facilitate acquisition and maintenance of computer hardware and software to enable computerization and export of manuals, computer assisted learning, Internet access and other technological support.
- I/T/Us should facilitate use of local, in-house "experts" to provide inservice training between service units/facilities, assisting with travel between facilities, coverage, etc.
- The Indian Health Service should facilitate and nurture networking among members of professional categories, even if only at the Area level. This could be done through electronic mail groups, teleconferencing, newsletters, meetings, or other methods.

Continuing Education

- I/T/Us should pursue sponsorship of all professional training and education

through the Clinical Support Center to assure the highest quality of education and so that continuing education credits can be awarded.

- The Indian Health Service should assess the current distribution of continuing education and training funds and develop a more equitable distribution plan that meets the needs of I/T/Us.
- I/T/Us should designate at least one individual at each facility to assess training and education needs; coordinate education programs, within and between facilities; and monitor use of education funds.
- I/T/Us should assess facility education needs and develop a prioritized education plan on an annual basis. Requests for continuing education should be evaluated based on the needs of the facility.
- I/T/Us should consider economies of scale when planning training programs, including the efficiency of bringing in speakers, opening programs to other I/T/U employees or facilities, sharing speakers, etc., as compared to sending individual employees to outside programs.
- The Indian Health Service should develop partnerships with colleges and universities to provide continuing education programs specifically tailored to I/T/U needs or to utilize local school satellite and teleconferencing facilities.
- The Indian Health Service should commit to assuring Internet and electronic mail access at all I/T/U facilities to all employees.
- The Indian Health Service should develop, maintain, and distribute lists of resources for providing continuing education opportunities, such as formal programs, individual speakers, and self learning modules.
- The Indian Health Service should facilitate and support national meetings of employees in selected professional categories, perhaps rotating between categories from year to year.
- The Indian Health Service should encourage individual specialty certification by providing cash or other incentives for acquiring and maintaining national certification related to an individual's position and profession.
- The Indian Health Service should encourage and facilitate attendance at professional conferences/conventions and membership and participation in professional associations.

Long Term Training

- I/T/Us should facilitate employees seeking advanced degrees through alternative means, e.g., distance training.
- The Indian Health Service should seek continued congressional support for programs such as 437 Scholarships and grants to schools providing scholarships and support to American Indian/Alaska Native students.

Summary:

The National Council of Nursing believes that the challenges of maintaining an appropriately and adequately trained staff can be met through a proactive, collaborative approach at all levels of Indian health care.